

Attachment 1: Local Work Plan Deliverables

1) Local Health Departments will participate in one exercise annually (tabletop, functional, full-scale or real incident). The exercise may be completed on a community-based or regionally-based level and must test Capability 8: Medical Countermeasure Dispensing and Capability 13: Public Health Surveillance and Epidemiological Investigation, as indicated in KDHE guidance. (Capability 8 and 13)

All exercises must be completed by 08/09/12.

For technical assistance regarding exercises and/or After Action Reports, contact Cait Purinton, Exercise and Training Coordinator, at cpurinton@kdheks.gov or (785) 296-1984.

Exercises

LHDs may participate in a tabletop, functional, or full-scale exercise to meet this requirement. You may do the exercise: (1) as an individual health department; (2) as a region; or (3) with local community response partners. The exercise must test the health department's capabilities for [medical countermeasure dispensing \(Capability 8\)](#) and [surveillance and epidemiological investigation \(Capability 13\)](#), following the capabilities as defined in [the CDC Public Health Preparedness Capabilities: National Standards for State and Local Planning](#) document.

- KDHE will provide a tabletop exercise template that the health departments and hospitals may use together to meet the exercise requirements for both PHEP and the hospital grants, if you choose to exercise with your community partners.
 - Registration for the KDHE-sponsored tabletop exercise will take place in KS-TRAIN.
 - The tabletop materials will be distributed electronically as jurisdictions register in KS-TRAIN for the exercises.
- Participation in the KDHE-provided tabletop exercise is not required. LHDs may work with their regional and/or community partners to develop your own tabletop exercise, provided that the LHD tests [Capability 8 \(medical countermeasure dispensing\)](#) and [Capability 13 \(surveillance and epidemiological investigation\)](#). If a local health department submits an After Action Report that does not demonstrate performance of these capabilities, the health department will be asked to either conduct another exercise or revise the After Action Report as appropriate.
- If you are conducting a functional or full-scale exercise that involves requesting resources from the State, notify the KDHE Exercise and Training Coordinator prior to the exercise of that date that simulated request will be submitted.
- For POD and SNS requesting guidance, see Task #2 below.

Participation

Local health department must fully participate in one or more public health exercise(s) during the grant period. Your exercises should include the following roles. Health departments must have staff identified as players in their exercise. Facilitators, evaluators or other roles may be filled by your Regional Coordinator, community partners or health department volunteers.

- **Discussion-Based Exercise (e.g., tabletop)**
 - **Players** respond to the situation presented based on expert knowledge of response procedures, current plans and procedures, and insights derived from training.
 - **Facilitators** provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key exercise planning team members also may assist with facilitation as subject matter experts during the tabletop exercise.

- **Evaluators** observe players' actions and record how tasks were performed. Evaluators do not prompt players with specific responses or interfere with players. With the exception of drawing attention to a safety hazard for the participants, evaluators should not interfere with exercise play. If they would like to see certain actions discussed, this should be coordinated through the Facilitator.
- **Operations-Based Exercise (Functional or Full-Scale, e.g., POD)**
 - **Players** respond to the situation presented based on expert knowledge of response procedures, current plans and procedures, and insights derived from training.
 - **Evaluators** observe players' actions and record how tasks were performed. Evaluators do not prompt players with specific responses or interfere with players. With the exception of drawing attention to a safety hazard for the participants, evaluators should not interfere with exercise play. If they would like to see certain actions discussed, this should be coordinated through the lead Controller.
 - **Controllers** set up and operate the exercise site and plan and manage exercise play. Controllers direct the pace of exercise play and routinely include members from the exercise planning team controllers also work with the Simulation Cell (SIMCELL) to control the flow of the exercise and explain or clarify issues arising during the exercise.
 - **Simulators** are control staff personnel who role-play as non-participating organizations or individuals. They most often operate out of the SIMCELL, but may occasionally have face-to-face contact with Players. Simulators function semi-independently under the supervision of SIMCELL controllers, enacting roles (e.g., as media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL).
 - **Actors** are volunteers to play the roles of victims to provide realism and prompt players to provide simulated victim care.

HSEEP Exercise Definitions ([See HSEEP Volume II for additional detail for exercise definitions and conduct.](#))

- **Discussion-Based Exercise – Tabletop Exercise (TTX):** Key staff, decision makers, and elected and appointed officials are typical participants in a tabletop exercise (TTX). This type of exercise is generally held in an informal setting intended to generate discussion of various issues regarding a hypothetical, simulated emergency incident. TTXs can be used to enhance general awareness, validate plans and procedures, and/or assess the types of systems needed to guide prevention of, protection from, response to, and recovery from a defined incident. Generally, TTXs are aimed at facilitating concept understanding, identifying strengths and weaknesses, and/or achieving changes in attitudes. During a TTX, players are encouraged to discuss issues in depth, and the environment allows them to develop decisions through slow-paced problem solving rather than the rapid, spontaneous decision making that occurs under actual incident conditions. TTXs are usually constructed with the following common features:
 - They incorporate group problem solving.
 - Senior officials become familiar with critical issues related to their responsibilities.
 - They employ the conditions of a specific scenario.
 - Personnel contingencies are examined.
 - Group message interpretation is examined.
 - Participants share information.
 - Interagency/inter-organization coordination is assessed.
 - Limited or specific objectives are achieved.

- They prepare participants for more complex exercises.
- **Operations-Based – Functional Exercise (FE):** Functional exercises (FEs) are focused on exercising plans, policies, procedures, and staff involved in management, direction, command, and control functions. Events are projected through an exercise scenario with event updates that drive activity at the management level. A functional exercise is conducted in a realistic, real-time environment; however, movement of personnel and equipment is simulated. Typical functional exercises attributes include the following:
 - Performance analysis is part of the overall exercise.
 - Management evaluates command/headquarters-level staff.
 - Established policies and procedures that pertain to the scenario are inspected.
 - Adequacy, appropriation, and acquisition of resources are measured.
 - Cooperative (e.g., inter-jurisdictional) relationships are examined.
 - A Master Scenario Events List (MSEL) is the primary tool that drives exercise play.
- **Operations-Based – Full Scale Exercise (FSE):** *(Note: A POD is a Full-Scale Exercise.)* FSEs are typically the most complex and resource-intensive type of exercise. They involve multiple agencies, organizations, and jurisdictions and validate many facets of preparedness. They include many players operating under cooperative systems such as ICS or Unified Command to effectively and efficiently prevent, respond to, or initiate recovery from an incident. An FSE focuses on implementing and analyzing the plans, policies, and procedures developed in discussion-based exercises and honed during previous, smaller, operations-based exercises. Events are projected through an exercise scenario with event updates that drive activity at the operational level. The FSE is conducted in a real-time, stressful environment that closely mirrors a real incident. Personnel and resources are mobilized and deployed to the scene where actions would be conducted as if a real incident had occurred (with a few minor exceptions). The FSE simulates reality by presenting complex and realistic problems involving operations in multiple functional areas that require critical thinking, rapid problem solving, and effective responses by trained personnel. Typical FSE attributes include the following:
 - Units, personnel, and equipment are mobilized.
 - Multi-agency coordination centers (e.g., EOCs) are activated.
 - Established policies and procedures (as they pertain to the scenario) are used.
 - Adequacy, appropriation, and acquisition of resources are measured.
 - Inter-jurisdictional or inter-organizational relationships are examined.
 - Performance is analyzed.

Documentation created for exercise conduct

KDHE will provide templates for the following HSEEP documents on our website at www.kdhe-exercise.org. These templates have been created following the CDC Public Health Preparedness Capabilities to assist local health departments in the completion of the grant deliverables. For guidance on which documents to submit to KDHE, see the document submission section below.

- **Discussion-based exercises (e.g., tabletop)**
 - **Exercise Evaluation Guides (EEGs)** help evaluators assess performance of capabilities, functions, tasks, and objectives during an exercise.
 - **Situation Manual (SitMan)** includes textual background for multimedia, facilitated exercises, and it include administrative information and scenario details.

- **Multimedia Presentation** supports the SitMan, concisely summarizing the written information in a Power Point, for example. It enhances exercise realism with audio/visual depiction of the scenario, and focuses and drives the exercise.
- **Operations-based exercises (e.g., functional or full-scale)**
 - **Exercise Evaluation Guides (EEGs)** help evaluators assess performance of capabilities, functions, tasks, and objectives during an exercise.
 - **Controller/Evaluator (C/E) Handbook** supplements the ExPlan with exercise administration and information and scenario details.
 - **Exercise Plan (ExPlan)** includes general exercise information but does not contain scenario details, and it enables players to understand their roles and responsibilities of the exercise.
 - **Master Scenario Events List (MSEL)** is a chronological listing of the events and injects that drive exercise play.
- **After Action Reports and Improvements Plans** should be written following each exercise. See below for additional detail.

Real-World Incidents

LHDs are encouraged to use real-world incidents to count as exercise requirements. Any LHD that would like to use a real incident for a work plan deliverable should notify the KDHE Exercise and Training Coordinator.

- To count toward exercise credit, the real incident must demonstrate how the LHD implemented the capabilities of [medical countermeasure dispensing \(Capability 8\)](#) and [surveillance and epidemiological investigation \(Capability 13\)](#). For example, if there is a disease outbreak in your county that causes the health department to implement medical countermeasure dispensing, you may write up that outbreak into an After Action Report and submit it to KDHE for exercise credit.

After Action Reports

An After Action Report (AAR) following the HSEEP guidance must be written following the exercise or real-world incident and submitted to KDHE. For regional exercises or incidents, you may submit a regional AAR. However, each participating LHD must be identified in the regional AAR and each participating LHD must have at least one Improvement Plan task.

- The After Action Report and Improvement Plan must be sent to BTGrantReports@kdheks.gov within 90 days following the exercise(s).
- After your AAR has been read by the KDHE Exercise and Training Coordinator, you will receive an email confirming acceptance of the AAR or a requesting for additional information.

AARs for LHDs must be written following the capabilities, functions, and tasks identified in the CDC Public Health Preparedness Capabilities: National Standards for State and Local Planning document. AARs for the LHD must demonstrate medical countermeasure dispensing (Capability 8) and surveillance and epidemiological investigation (Capability 13).

The Emergency Operations Coordination Capability (Capability 3) of the CDC Public Health Preparedness Capabilities identifies the following guidance for After Action Report and Improvement Plan templates ([Capability 3, Function 3, pages 34-35 of the capabilities document](#)):

Written plans should include an After Action Report/Improvement Plan template, which must include, at a minimum, the following elements (Capability 3, Planning Resource Element P2):

- Executive Summary
- Event Overview
- Event Summary
- Analysis of Capabilities
- Conclusion
- Improvement Plan, which includes (at a minimum)
 - Capability Name
 - Observation
 - Title
 - Recommendation
 - Corrective Action Description
 - Capability Element
 - Primary Responsible Agency
 - Agency Point of Contact
 - Start Date
 - Completion Date

For guidance on developing an After Action Report, refer to the Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_HSEEP7.aspx) or contact the KDHE Exercise & Training Coordinator.

Written plans should include an incident close-out briefing template to include the following elements (Capability 3, Planning Resource Element P3):

- Incident summary
- Major events that have lasting implications
- Documentation, including components that are not finalized
- Opportunity for discussion to bring up any concerns from agency officials
- Final evaluation of incident management by agency officials
- Team performance evaluation

KS-TRAIN

All exercises must be posted in KS-TRAIN prior to the date of the exercise. Registration for KDHE-sponsored exercises will be organized through [TRAIN](#). The KS-TRAIN Administrator will be providing *Exercise Session Posting and Managing the Attendee Roster on KS-TRAIN* at the public health regional meetings in August and September via Go to Meeting. Other live training sessions on this topic will be scheduled and offered via Go to Meeting in October.

For technical assistance in posting your exercise on TRAIN, contact Debbie Nickels, TRAIN Administrator, at dnickels@kdheks.gov.

Document Submission

Submit the following documents to KDHE for your exercises. Submit documents to BTGrantReports@kdheks.gov.

- After Action Report and Improvement Plan (following guidance above)
- Sign-in sheet from the exercise

- SNS request form
- Optional:
 - Exercise Evaluation Guides (EEG), SitMan, ExPlan, C/E Handbook, and/or MSEL.
 - Incident Action Plans (IAP) or other documentation created as part of the exercise play

2) Each LHD will participate in one full-scale POD exercise on a community-based or regionally-based level within the five-year PHEP project period (2011-2016) that tests Capability 8: Medical Countermeasure Dispensing as indicated in KDHE guidance. This full-scale exercise will fulfill the annual exercise requirement (Work Plan Item 1). (Capability 3 and 8)

All exercises must be completed by 08/09/12.

For technical assistance regarding exercises and/or After Action Reports, contact Cait Purinton, Exercise and Training Coordinator, at cpurinton@kdheks.gov or (785) 296-1984.

PODS

LHDs must conduct a full-scale Point of Dispensing (POD) exercise once in the five-year grant cycle. It can be done as a local POD or you may do a regional POD exercise. This could be an open POD, closed POD or a drive through POD. POD exercises may count toward work plan task #1. A second exercise (to meet task #1) is not required in the same grant year that you chose to do the POD.

- Functions and tasks testing during the POD must follow [Capability 8 \(medical countermeasure dispensing\)](#) as defined in the [CDC Public Health Preparedness Capabilities: National Standards for State and Local Planning](#) document, as well as any applicable Technical Assistance Review (TAR) performance measures. KDHE will provide the Exercise Evaluation Guides and After Action Report templates for the POD exercise online at <http://www.kdhe-exercises.org/>. These EEG and AAR templates will include the functions and tasks of Capability 8 and Capability 13 to meet task #1.

SNS/State Medical Materiel Requesting Procedures

Prior to submitting the SNS request to the State, notify the KDHE Exercise and Training Coordinator of the date that you plan to submit the request. KDHE will notify the State Emergency Operations Center (SEOC) to expect the request, as a professional courtesy to our partners and to alert them of an exercise – not a real emergency – occurring that involves requesting State resources.

SNS requesting procedures testing during the POD should follow these procedures:

1. The Local ESF #8 (typically led by the LHD) submits a request to the County Emergency Manager. An ESF #8 request should include the LHD, hospitals, and other health and medical partners that would be part of the simulated request.
 - Mark the request form clearly, “This is an exercise!”
2. The County Emergency Manager will sign the request and fax it to the State Emergency Operations Center (SEOC) fax number on the top of the form. Do not fax the requests directly to KDHE.
3. The SEOC will provide copies of the requests to the State ESF #8 Coordinator, which is KDHE.

Templates

KDHE will provide templates for LHDs following the HSEEP guidance and *CDC Public Health Preparedness Capabilities: National Standards for State and Local Planning* document. All templates will be available online at <http://www.kdhe-exercises.org/>

These templates will include Exercise Evaluation Guides (EEGs) and After Action Report (AAR) with capabilities, functions, and tasks associated with the composite score for the Technical Assistance Review (TAR).

After Action Reports

See AAR guidance as described above under task #1.

KS-TRAIN

See TRAIN guidance as described above under task #1.

Document Submission

See Document Submission guidance as described above under task #1.

3) At least one representative on staff from the local health department must have attended a Homeland Security Exercise and Evaluation Program (HSEEP) class at some point in time in the past or in this grant cycle. New designees will complete the three-day face-to-face training provided by KDEM/KDHE. Class schedules are posted on KS-TRAIN under Course ID #1023667. (Capability 3)

Training must be complete by 08/09/12. Enrollment will take place through [KS-TRAIN](#). For questions regarding the availability of training, contact Cait Purinton, Exercise and Training Coordinator, at cpurinton@kdheks.gov or (785) 296-1984.

KDHE partners with the Kansas Division of Emergency Management (KDEM) to sponsor and facilitate the “Homeland Security Exercise and Evaluation Program (HSEEP) Training Course” to state and local partners. LHD staff members that have completed the HSEEP Training Course or completed another HSEEP course provided/sponsored by KDHE in the past are not required to re-take this course.

4) LHDs must participate in the quarterly HAN notification test and respond in a timely manner. LHD must assure that at least one employee carries the Health Alert Network notification device 24/7 and assure that all persons designated to carry the HAN notification device, including substitutes for vacations, are enrolled in KS-HAN. (Capability 6)

The Health Alert Network (HAN) device is considered to be a mobile, smart phone that can receive SMS text messages or emails. The HAN notification drills are generally sent utilizing these two communication methods. In emergency scenarios, however, the notification may be sent via work or cell phone. Once an employee receives the notification test, they simply have to reply to the test with their name and organization. It is encouraged to reply within one hour (60 minutes) of receipt, but it is understandable if more time elapses prior to responding. KS-HAN administrators will look for at least one response from each local health department. Health departments are encouraged to keep their KS-HAN profiles updated. It is recommended to email the KS-HAN Administrator (kshanadmin@kdheks.gov) if there is employment or contact information changes at the organization. The Administrator will work with you to make sure all changes are updated within the system. New KS-HAN registrants are required to have an invitation code to register within the system. To receive an invite code, please email the Administrator at kshanadmin@kdheks.gov.

*5) Identify employees who are required to package and ship clinical specimens and provide training as required by Federal Law. Initial training must be completed 30 days prior to an employee packaging specimens to be shipped. **Recurrent training must take place every two years.** Clinical specimens include Category A Infectious Substances and Biological Substances, Category B Biological Substances. Class is available online on KS-TRAIN under Course ID #1025324. (Capability 12)*

This course is designed for individuals responsible for packaging and shipping Category A and Category B Infections substances to KDHE's laboratory and is designed to teach clinicians, public health officials, laboratory workers and emergency management personnel the proper techniques for packaging and shipping those substances inclusive of evidence control measures. Course information includes coverage of regulatory requirements that pertain to all labs, hospitals, clinics and physician's offices in Kansas.

This course is revised every year and the course number may change based on the availability of updated information. Participants wanting to take the course must be approved by the Kansas Health & Environment Laboratories prior to taking the training. It is a Federal requirement that participants take the course every two years.

6) Each local health department must participate in an SNS Technical Assistance Review (TAR) to be conducted by the trained external agency evaluator (regional coordinator or the designated individual contracted by the region) every other year. It is recommended that each local health department try to attain a 69 or higher on the SNS TAR. (Capability 8 and 9)

The Strategic National Stockpile (SNS) Technical Assistance Review (TAR) is performed to assess Medical Countermeasure Dispensing and Medical Materials Management and Distribution (if applicable). The purpose of this assessment is to identify strengths to be maintained and built upon, identify potential areas for further improvement and support development of corrective actions.

The TAR may be conducted by your Regional Coordinator, who has attended the SNS Technical Assistance Review (TAR) Tool training provided by KDHE. If the Regional Coordinator happens to also be the Preparedness person for the health department, that health department may enlist the help of another Regional Coordinator or anyone else who has attended the KDHE TAR Tool training to conduct their TAR. Counties cannot conduct their own TAR. Regional Coordinators or designated reviewer must ensure they attend the KDHE TAR Tool training before conducting a TAR for a county. For available trainings, please contact the KDHE SNS Program Manager. Refer to Regional work plan guidance.

Local health departments must schedule their TAR with their Regional Coordinator or designated reviewer. It is recommended that TARs be scheduled well in advance to ensure assessment preparation is complete prior to the formal review. A TAR agenda template is available to help local health agencies and the reviewer plan the SNS TAR formal review meeting. The local health departments must complete a self-assessment using the TAR Tool and submit the assessment to their Regional Coordinator or designated reviewer two weeks prior to the formal review. The Regional Coordinator or designated reviewer will conduct the TAR using the county's self-assessment as a guide and will submit an official TAR report and TAR score sheet to KDHE by the end of the grant cycle.

The SNS Technical Assistance Review (TAR) Tool, TAR Tool Guidance, Score Sheet, Meeting Agenda template and Report can be found at: http://www.kdhe-exercises.org/lhds_materials.htm. For questions regarding the TAR, please contact your assigned planner or Michelle Peterson at mpeterson@kdheks.gov or (785) 296-7428.

7) LHDs will update KDHE-identified annexes and appendices to their Mass Dispensing Standard Operating Guides (SOGs) to meet all required elements identified in association with Capability 8 and 9. These include submitting the following modifications and/or additions to KDHE:

A. LHDs will add 24/7 contact information of medical/pharmaceutical wholesalers (may be local, regional, or national wholesaler)

B. LHDs will update plan to include language regarding the utilization of KS-CRA for inventory management and tracking, based upon formalized guidance released by KDHE.

C. LHDs will ensure inventory information is loaded and updated within the system, based on KDHE-developed guidance.

D. LHDs will add protocols related to the demobilization of unused medical materials.

E. LHDs will submit any additional changes to the Mass Dispensing SOG. (Part E is optional. If your jurisdiction did not make any additional changes beyond A-D, please select No Changes). (Capability 8 and 9)

The Mass Dispensing SOG may be used during an emergency for management of medical materials from the state, including Strategic National Stockpile (SNS) assets. The template provided by KDHE contains all information necessary for medical materials management, including but not limited to point-of-contact information, clinic maps, flow charts and point-of-dispensing (POD) clinic management guidance. This template, along with the annexes and additional planning resources may be found at:

http://www.kdheks.gov/cphp/operating_guides.htm.

For questions regarding the Mass Dispensing SOG, please contact your assigned planner.

NOTE: You are NOT required to resubmit your entire Mass Dispensing Standard Operating Guide during 2011-2012 as these are already on file by KDHE. To meet the 2011-2012 grant requirements you ONLY have to submit any new supplemental documents or language revisions as identified in A-D below.

A. 24/7 contact information for medical/pharmaceutical wholesalers should be added to Annex D of the Mass Dispensing SOG or as an attachment to your local plan. This can be accomplished by simply adding medical/pharmaceutical wholesaler contact information to your emergency plan and by submitting a copy of this contact information to KDHE. You are not required to use the KDHE template; however this template will be made available by KDHE at the above website prior to reporting period 3.

http://www.kdheks.gov/cphp/operating_guides.htm

B. KDHE encourages health departments to begin using the Kansas Countermeasure Response Administration (KS-CRA) system as their primary inventory management system, based on 2011 availability. Other systems and methods may be kept as a backup. KS-CRA is an online inventory management and tracking system hosted by BCHS, but utilized by the Immunization and Preparedness Programs at state and local levels. KS-CRA has the ability to track vaccines, medications, personal protective equipment, and other supplies from receipt at the state to distribution to the patient. This allows federal, state, and local governments to accurately and easily track inventory and distribution. Each health department should maintain at least two registered users on the KS-CRA system.

For this deliverable, the local health department should add language to their Mass Dispensing SOG that describes how the health department will integrate KS-CRA into their emergency response. LHDs can choose to utilize the KDHE sample language that will be provided by KDHE at the above website prior to reporting period 3. LHDs can then submit their sample language to KDHE to meet this requirement.

C. Please refer to KS-CRA guidance on loading and updating inventory information into KS-CRA, this will be release on the following link http://www.kdheks.gov/it_systems/ks-cra.htm

D. KDHE will develop guidance for the addition of demobilization protocols. This was identified as a gap based on procedure during past emergencies requiring demobilization and return of unused medical supplies. KDHE is working with a team of local health departments to develop demobilization recommendations which this template will be made available by KDHE at the above website prior to reporting period 3. To meet this deliverable, simply add the demobilization language into your emergency plan and by submitting a copy of this language to KDHE.

http://www.kdheks.gov/cphp/operating_guides.htm

E. As stated, E is optional. If you do not have any changes to make beyond A-D, you may select the box for “No Changes”. It is NOT required for you to do anything beyond A-D, this is at your discretion only, however if you do make revisions or updates to your plan other than A-D we recommend that you submit these changes to KDHE to ensure we have the most up to date emergency plan on file.

8) Local Health Departments must maintain two registered users of the KDHE Countermeasure Response Administration (CRA) system. Both users are required to complete or have completed KS-CRA training, which is available on KS-TRAIN (Course # 1019768). (Capability 8 and 9)

The Kansas Countermeasure Response Administration (KS-CRA) is an online inventory management and tracking system hosted by BCHS, but utilized by the Immunization and Preparedness Programs at state and local levels. KS-CRA has the ability to track vaccines, medications, and Personal Protective Equipment from receipt at the state to distribution to the patient. This allows federal, state, and local governments to accurately and easily track inventory and distribution.

LHDs will have two registered users on the KS-CRA system by the beginning of the 2011 budget period as outlined in budget period 2010 extension deliverables. The training to be completed is an 8 minute training explaining the system and how to receive and transfer inventory and how to dispense inventory to a patient with the KS-CRA system. The training is hosted on KS-TRAIN.

More information, forms and contracts for the KS-CRA system can be found at:

http://www.kdheks.gov/it_systems/ks-cra.htm. For help with the KS-CRA system, please contact Gilbert Tabares at gtabares@kdheks.gov or (785) 296-3380.

9) LHDs will verify the accuracy of their primary and back-up delivery locations when requested by KDHE. (Capability 8 and 9)

KDHE will contact the health department by e-mail to verify this information originally submitted using PharmFinder. Upon contact by KDHE, the health department should verify if the information is correct. KDHE will ensure this information is kept on file by KDHE in either the KS-CRA or other systems. Based on user feedback, Kansas will no longer be using PharmFinder to track this critical information.

10) Continue reviewing and evaluating reportable disease data at least quarterly to identify unusual patterns and clusters, trends and potential new or unusual diseases in order to revise public health response policies and strategies as needed. (Capability 13)

Health departments should continue to utilize the Kansas Electronic Disease Surveillance System (KS-EDSS) to review, report and evaluate disease data and advise their medical communities on response strategies. The KS-EDSS User Guide can be found at: http://www.kdheks.gov/epi/download/KS-EDSS_User_Guide.pdf. An introductory training on the KS-EDSS is provided on KS-TRAIN, course number 1023597.

Also available as a tool for local health departments and regional coordinators is the *Surveillance Guidelines for Reportable Diseases in Kansas* which can be found at: http://www.kdheks.gov/epi/download/Surveillance_Guidelines_for_Reportable_Diseases.pdf. These surveillance guidelines are meant to enhance current processes, to improve the use of the KS-EDSS and to strengthen public health response efforts throughout the state.

As a reminder, when an EDSS user leaves employment at your health department, please notify the KS-EDSS Coordinator at ksedssadmin@kdheks.gov or (785) 296-7732 so the former employee's account can be disabled.

11) LHDs will partner with other community entities to discuss the guidance provided by KDHE related to the establishment of community reception centers for radiation emergencies. It is recommended that this be accomplished through pre-established relationships (e.g., the Local Emergency Planning Committee). (Capability 8)

As overall preparedness efforts continue, communities should begin to or continue to investigate response capabilities related to radiation emergencies. A public health related activity that may be needed for this type of response is participation at a Community Reception Center (CRC). A CRC is a location where many activities take place, including identification of possibly exposed individuals, decontamination efforts, and registration of individuals. Local health departments are encouraged to be involved in this planning process with other partners at a community level. Currently, KDHE's Radiation Program is developing a guidance document to assist community planners and discipline partners in CRC planning. This is be available at: http://www.kdheks.gov/cphp/operating_guides.htm

To demonstrate progress related to this deliverable, local health departments are advised to produce:

- 1) A meeting agenda from an LEPC or other community preparedness meeting that notes the topic of radiation preparedness or CRCs.
- 2) A corresponding meeting attendance list that notes the name and organization of participants in the meeting in which radiation preparedness or CRCs were discussed.

Both #1 and #2 should be submitted to btgrantreports@kdheks.gov

For any questions regarding a Community Reception Center, please contact Jessica Snook at jsnook@kdheks.gov or (785) 296-6342.

12) LHDs will complete an inventory of current staff including regional partners who regularly conduct disease investigations and their related epidemiology/surveillance trainings completed. The inventory will include which staff members have received what trainings and at what times. (Capability 13)

The goal of this deliverable is to ensure that all LHDs have sufficient numbers of trained staff to manage routine epidemiological investigations, which is a goal of Capability #13. LHDs primarily should create an inventory of all current staff members who regularly conduct or assist with disease investigations at their facility. The inventory should also include those who regularly conduct or assist with disease investigations that are considered regional partners. The goal is to inventory anyone who may regularly help with disease investigations at the LHD.

Following the initial inventory of personnel, LHDs should document each individual's epidemiology and surveillance-related trainings that have been completed. The inventory should include which staff members have received which trainings and on what dates. The completion of this inventory will assist LHDs with completion of deliverable #13.

Upon completion, the inventory will need to be submitted to btgrantreports@kdheks.gov.

Training records maintained in KS-TRAIN may provide assistance with the completion of this deliverable. For KS-TRAIN assistance, please contact Deb Nickels at dnickels@kdheks.gov or 785-291-3457.

For epidemiology and surveillance assistance, please contact Dan Neises at dneises@kdheks.gov or 785-296-5585 or Jennifer Schwartz at jschwartz@kdheks.gov or 785-296-8156.

13) LHDs will complete the following training:

*1. All LHD employees who **assist with** epidemiological investigations should document completion, this cycle or before, of a basic level epidemiology course consistent with the state-developed training module basic level to ensure that all assisting parties have received at least basic epidemiology training.*

2. All epidemiologists or medical investigators at LHDs will complete all components of the epidemiology training module, which includes: basic epidemiology, applied epidemiology for Kansas, and applied epidemiology for real world events.

The list of approved courses or their equivalent will be provided by KDHE. KDHE may follow-up for a list of participants and their courses. (Capability 13)

The goal of this deliverable is to ensure that all LHDs have sufficient numbers of trained staff to manage routine epidemiological investigations, consistent with the intent of Capability #13. KDHE will work with KALHD to contract with the University of Kansas to develop an epidemiological training module consisting of three levels (titles of each level of training are currently generic):

- Basic epidemiology (will consist of a To Be Determined course already available on KS-TRAIN)
- Applied epidemiology for Kansas
- Applied epidemiology for real world events

KS-TRAIN will be utilized to host trainings. Course numbers are not available at this time, but will be made available to you as soon as they are ready.

KDHE will provide a list of trainings that have occurred in previous grant cycles that are deemed consistent with the epidemiological training module. If a staff member can document attendance at a KDHE-approved epidemiology training, it is not required for them to take the newly created University

of Kansas training. LHDs will use the inventory created in deliverable #12 and the list of approved trainings to determine who will need to take courses from the training module.

The following guidelines can be used to determine which staff members are required to take which level of training:

1. Any person who may assist with epidemiological investigations at the LHD, whether regularly or sporadically, is required to have documentation of completion of, at a minimum, the University of Kansas and KDHE-approved course consistent with the basic level epidemiology course.
2. Any person considered to be an epidemiologist or disease investigator at the facility is required to complete all three (3) levels of the University of Kansas developed module or have documentation of completion of KDHE-approved courses consistent with the three (3) levels.

For KS-TRAIN assistance, please contact Deb Nickels at dnickels@kdheks.gov or 785-291-3457.

For epidemiology and surveillance assistance, please contact Dan Neises at dneises@kdheks.gov or 785-296-5585 or Jennifer Schwartz at jschwartz@kdheks.gov or 785-296-8156.

14) Upon completion of the PHIN Directory, LHDs will designate their primary and back-up 24/7 contacts for surveillance and disease investigation response and disaster response and maintain this information quarterly in the PHIN Directory. (Capability 6)

The PHIN Directory is an online directory for maintaining 24/7 contact information for all preparedness partners. It is located in the Kansas Health Alert Network (KS-HAN) system. For any questions on the PHIN Directory, please contact Demond Johnson at djohnson@kdheks.gov or (785) 296-3341.

15) LHDs are to log into the eQIPM performance management system at a minimum of twice a year to review their county's performance indicators and to seek out opportunities for improvement. (Capability 6 and 15)

Electronic Quality Improvement Performance Management (eQIPM), previously called Track and Trend, is used as a benchmarking tool to allow local health departments to evaluate where they are in comparison to other local health departments in Kansas. Due to links changing, LHDs should go to the KALHD website and click on the eQIPM tab. For a password reset or if you need help with the system, please contact Gianfranco Pezzino at GPezzino@khi.org. You may also contact KALHD at (785) 271-8391 for questions and more information.

16) Local Health Agencies must assure that the following on-going tasks are performed:

Training:

- A. Designated LHD staff will have completed ICS 100, 200, 300, 400, 700 and 800b classes per ICS training requirements. (Capability 3)
- B. Maintain records regarding training an employee attends. (Cross-Cutting)

Operations:

- C. Ensure that priority communication services are available in an emergency, including maintaining an always-on high-speed internet connection. (Capability 3)
- D. Have available signed shared resource agreements.
- E. Purchase personal protective equipment (PPE) at levels that meet or exceed the PPE guidance, and check and replace outdated stock. (Capability 14)

F. Maintain a public website where information can be posted and accessed by members of the public. (Cross-Cutting)

G. Assure that annual fit testing for PPE for local health department staff is completed per KDHE guidance and in compliance with the revised OSHA respirator standard, 29, CFR 1910.134, adopted April 8, 1998. (Capability 14)

Fiscal:

H. Retain copies of expenditure reports, including invoices for each capital equipment purchase, for a period of at least three years.

I. Maintain an inventory control system for tracking capital equipment and electronic devices.

J. Document through job descriptions and employee time and attendance records that all staff members paid with preparedness funds are performing activities related to preparedness.

Training

A. The majority of these ICS courses can be found on KS-TRAIN. The order in which they are taken are as follows: IS-700, IS-100, IS-200, IS-800, IS-300 and IS-400 and they are all prerequisites to one another. Please note: ICS 300 and ICS 400 are to be taken in person. KDHE, KDEM and other entities will offer these two courses throughout the grant year so there will be plenty of opportunities to attend these two trainings.

1. ICS 700, Course #1016070
2. ICS 100, Course #1024627
3. ICS 200, Course #1024638
4. IS-800, Course #1011882
5. ICS 300, Intermediate ICS for Expanding Incidents, <https://ks.train.org/DesktopShell.aspx>
6. ICS 400, Advanced ICS Command and General Staff – Complex Incidents
<https://ks.train.org/DesktopShell.aspx>

NOTE: The ICS 300 and 400 live event trainings are listed on KS-TRAIN for registration. Those two course numbers are subject to change each year.

B. Training records may be sign in sheets and/or certificates of attendance that the health department must maintain. Certificates and training records may be tracked through the learner's transcript in KS-TRAIN. TRAIN Administrators have the ability to access the transcript through Administration. For technical assistance on managing a learner's training plan in TRAIN, contact Debbie Nickels, TRAIN Administrator, at dnickels@kdheks.gov.

Operations

C. Priority communications include having access to a GETS card and an always-on high speed internet connection. All health departments should already have at least one GETS card, which are under KDHE. If a health department needs to obtain more on their own, they may go to <http://gets.ncs.gov/> and select "First Time Requestor" on the left hand menu. If a GETS card(s) happen to turn up missing, please contact Michael McNulty to report the missing card(s) at mmcnulty@kdheks.gov or (785) 291-3065.

D. Health departments should maintain signed shared resource agreements. Shared resource agreements would be those that the health department may have with a hospital, regional partners or another nearby county health department for access to supplies during an emergency.

E. PPE guidance that KDHE provides comes from the OSHA regulations 1910.120 and 1910.134. This guidance has to do with fit testing, medical clearance and respiratory protection programs. When it comes to maintenance and replacement of expired PPE KDHE refers to the manufacturer. More information on PPE can be found at: <http://www.kdheks.gov/cphp/protective equip.htm>.

OSHA regulation 1910.120 can be found at:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9765

OSHA regulation 1910.134 can be found at:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9780

F. Each health department should maintain a website. Having a website where information is posted can help during an emergency by getting information out to the public and health department employees when other means of communication may be out, such as phones.

G. Fit testing information can be found at:

http://www.osha.gov/dts/shib/respiratory_protection_bulletin_2011.htm

OSHA regulation 1910.134 can be found at:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9780

Fiscal

H. Health departments should maintain this information in case requested by KDHE staff.

I. This may be done via database or spreadsheet as long as the health department has a way to track their equipment and electronic devices that are purchased with preparedness funds.

J. Job descriptions and timesheets should have a percentage of time or hours worked by any employee that is paid by preparedness funds.